

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-29, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 2004	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Redding, California		Organizational Unit: Benton Airpark	
		Department: Support Services	
Organizational DUNS: 07-378-0413		Division: Airports	
Address: Street: 777 Cypress Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Redding		Prefix: Mr.	First Name: Rod
County: Shasta		Middle Name: A.	
State: CA		Last Name: Dinger	
Zip Code: 96001		Suffix:	
Country: USA		Email: rdinger@ci.redding.ca.us	

6. EMPLOYER IDENTIFICATION NUMBER EIM:

9	4	-	6	0	0	0	4	0	1
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) <input type="text"/> <input type="text"/> Other (specify) <input type="text"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> C Other (specify) <input type="text"/>
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2	0	-	1	0	6
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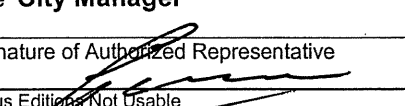
TITLE: **Airport Improvement Program (AIP)****12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):****Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California****13. PROPOSED PROJECT**

Start Date 05/01/04	Ending Date 04/30/05	14. CONGRESSIONAL DISTRICT 10TH	15. ESTIMATED FUNDING
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15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	\$ 300,000 .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 0 .00	DATE: 02/23/04	
c. State	\$ 15,000 .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 789 .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 0 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program income	\$ 0 .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 315,789 .00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Michael	Middle Name
Last Name Warren		Suffix
b. Title City Manager		c. Telephone number (give area code) (530) 225-4060
d. Signature of Authorized Representative 		e. Date Signed 2-24-04

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED

February 2004

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☒ Construction☐ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

APPLICANT INFORMATION

Legal Name:

City of Redding, CaliforniaOrganizational Unit: **Redding Municipal Airport**Department: **Support Services**Organizational DUNS: **07-378-0413**Division: **Airports**

Address:

Street: **777 Cypress Avenue**

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: **Mr.**First Name: **Rod**City: **Redding**Middle Name: **A.**County: **Shasta**Last Name: **Dinger**State: **CA**Zip Code: **96001**

Suffix:

Country: **USA**Email: **rdinger@ci.redding.ca.us**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

Phone number (give area code):

FAX number (give area code):

9 4 - 6 0 0 0 4 0 1**(530) 224-4321****(530) 224-4318**

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

C

Other (specify)

**RECEIVED
FEB 27 2004**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6LE: Airport Improvement Program
(AIP)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

1. General Aviation Apron Reconstruction (Phase III)
2. Construct ARFF Facility (Phase III)
3. Taxiway "A" & "B" Rehabilitation (Design Only)
4. Terminal Expansion (Phase III - Design Only)
5. Rehabilitate Runway Signage
6. Install Airport Entrance Signs
7. Land Acquisition (Parcels 15, 16, 16A, 17 & 18)

13. PROPOSED PROJECT

Start Date

05/01/04

Ending Date

04/30/05

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

#2

b. Project

#2

15. ESTIMATED FUNDING

a. Federal	\$	3,667,000	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	193,000	.00
e. Other	\$	0	.00
f. Program income	\$	0	.00
g. TOTAL	\$	3,860,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ONDATE: **02/23/04**b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix **Mr.**First Name **Michael**

Middle Name

Last Name **Warren**

Suffix

Title **City Manager**

c. Telephone number (give area code)

(530) 225-4060

d. Signature of Authorized Representative

e. Date Signed

2-24-04

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 19, 2004	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 3-06-0226	
5. APPLICANT INFORMATION				
Legal Name: City of San Jose		Organizational Unit: Department: Norman Y. Mineta San Jose International Airport		
Organizational DUNS: 063541874		Division:		
Address: Street: 1732 N. First Street, Suite 600		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Jose		Prefix: Ms.	First Name: Lilian	
County: Santa Clara		Middle Name S.		
State: California		Last Name Ramirez		
Zip Code 95112	Suffix:			
Country: USA		Email: lramirez@sjc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000419		Phone Number (give area code) 408.501.7663		Fax Number (give area code) 408.573.1677
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program (AIP)		9. NAME OF FEDERAL AGENCY: DOT - Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Jose and City of Santa Clara		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Noise attenuation for approximately 100 dwelling units within the Category 1(B) extended acoustical treatment areas		
13. PROPOSED PROJECT Start Date: September 2004 Ending Date: September 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 15th b. Project 15th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 4,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 19, 2004		
b. Applicant	\$ 1,000,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 5,000,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Peter	Middle Name		
Last Name Jensen	Suffix			
b. Title Assistant to the City Manager		c. Telephone Number (give area code) 408.277.3183		
d. Signature of Authorized Representative		e. Date Signed 2-20-04		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 25, 2004	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		3-06-0226	

5. APPLICANT INFORMATION

Legal Name:		Organizational Unit:	
City of San Jose		Department:	
Organizational DUNS: 063541874		Norman Y. Mineta San Jose International Airport	
Address:		Division:	
Street:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
1732 N. First Street, Suite 600		Prefix:	First Name:
City:		Ms.	Lilian
San Jose		Middle Name	
County:		Last Name	
Santa Clara		Ramirez	
State:	Zip Code	Suffix:	
CA	95112		
Country:		Email:	
Santa Clara		lramirez@sjc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
94-60000419		408.501.7663	408.573.1677
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		C - Municipal	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: DOT - Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
20-106		Taxiway Z Alignment: To realign a portion of Taxiway Z, ten feet to the west from Taxiway G to L, including upgraded drainage, blast protection paving, lighting, signage and pavement markings.	
TITLE (Name of Program): Airport Improvement Program (AIP)			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
City of San Jose			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date:	Ending Date:	a. Applicant	b. Project
September 2004	September 2006	15th	15th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,505,594.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 3,344,406.00	DATE: February 25, 2004	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 5,850,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name	Middle Name	
Mr.	Peter		
Last Name	Suffix		
Jensen			
b. Title	c. Telephone Number (give area code)		
Assistant to the City Manager	408.277.3183		
d. Signature of Authorized Representative	e. Date Signed		
	2-25-04		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION

Application

☐ Construction
☒ Non-Construction

Preapplication

☐ Construction
☐ Non-Construction2. DATE SUBMITTED
January 29, 2004

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit: Department of Health Services

Address (give city, county, state, and zip code): 1616 Capitol Avenue, MS 7400
P.O. Box 997413
Sacramento, CA 95899-7413Name and telephone number of the person to be contacted on matters involving this application
(give area code) Anne Novak
(916) 449-5586

6. EMPLOYER IDENTIFICATION (EIN):

9-4-6001347

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es): ☐ ☐A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:

FEB 26 2004

STATE CLEARING HOUSE

7.

TYPE OF APPLICANT: (enter appropriate letter here) AA. State H. Independent School District
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify):

10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER: 6 6 . 4 . 3 . 2

TITLE: PWSS

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

California Drinking Water Regulatory Program. This grant is provided to augment the State's regulatory program of public water systems.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

13. PROPOSED PROJECT:

Start Date
10/1/03End Date
9/30/04

14. CONGRESSIONAL DISTRICT OF:

a. Applicant:

1-45

b. Project

Statewide

15. Estimated Funding:

a. Federal	\$	6,393,700
b. Applicant	\$	
c. State	\$	14,179,103
d. Local	\$	
e. Other	\$	1,362,926
f. Program Income	\$	
g. TOTAL	\$	21,935,729

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO.

☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☐ No

18.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THIS DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative: Tom McCaffery

b. Title: Chief Deputy Director
Department of Health Services

c. Telephone Number (916) 440-7400

d. Signature of Authorized Representative

e. Date Signed

2/23/04

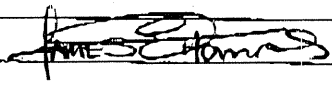
OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction <input checked="" type="checkbox"/> Nonconstruction <input type="checkbox"/> Nonconstruction		2. Date Submitted	Applicant Identifier DUNN # 808321913
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
6. Employer Identification Number (EIN): 68-0281986		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Erick Burres (916) 341-5147	
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number: 66.500 Title: Environmental Protection - Consolidated Research		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: The overall objective of the coastal portion of the EMAP Western Pilot is to create an integrated, comprehensive coastal monitoring program along the California coast to assess estuarine conditions.	
13. Proposed Project: Start Date: 6/1/04 End Date: 11/30/06		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$255,585 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$255,585		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: February 26, 2005 b. NO: <input type="checkbox"/> Program is not covered by EO # 12372 <input type="checkbox"/> Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2/27/04		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: County of Tuolumne		Organizational Unit: Department: Airport			
Organizational DUNS: 155702160		Division: Pine Mountain Lake			
Address: Street: 10723 Airport Road		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: Columbia		Prefix: Mr.		First Name: James	
County: Tuolumne		Middle Name E.		Last Name Thomas	
State: CA		Suffix:		Email: jthomas@co.tuolumne.ca.us	
Zip Code: 95310		Phone Number (give area code) 209 533-5685		Fax Number (give area code) 209 533-5657	
Country: Tuolumne		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000547			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Install an AWOS			
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 12/31/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19th b. Project 19th			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 104,500.00		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant \$ 550.00		DATE:			
c. State \$ 4,950.00		b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local \$ 0.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other \$ 0.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income \$ 0.00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL \$ 110,000.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name James		Middle Name E.	
Last Name Thomas		Suffix			
b. Title Airports Director		c. Telephone Number (give area code) 209 533-5685			
d. Signature of Authorized Representative 		e. Date Signed 2-25-04			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED <u>2/4/2004</u>	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: <u>Mendocino Community Health Clinic, Inc.</u> <u>333 Laws Avenue</u> <u>Ukiah, CA 95482</u>	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Robert Longman, Loan Officer</u> <u>(916) 447-9832, ext 141</u>
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6. EMPLOYER IDENTIFICATION (EIN):

6	8	-	0	2	5	9	0	4	5
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8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Non profit</u>

9. NAME OF FEDERAL AGENCY:

USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	-	7	6	6
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TITLE:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

Mendocino County

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Purchase of clinic building

RECEIVED

FEB 25 2004

13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:

Start Date	Ending Date	a. Applicant	b. Project
		<u>1</u>	<u>1</u>

STATE CLEARING HOUSE

15. ESTIMATED FUNDING

a. Federal	\$	<u>813,000 Guaranteed loan</u> <u>813,000 direct loan</u>	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. Total	\$	<u>1,626,000</u>	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

2/4/2004

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

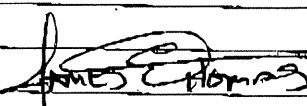
☐ YES (Attach explanation) ☐ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <u>Robert Longman</u>	b. Title <u>Loan Officer</u>	c. Telephone Number <u>(916) 447-9832 x141</u>
d. Signature of Authorized Representative <u>[Signature]</u>	e. Date Signed <u>2/4/2004</u>	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 2/27/04	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Tuolumne		Organizational Unit: Department: Airport	
Organizational DUNS: 155702160		Division: Columbia	
Address: Street: 10723 Airport Road		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Columbia		Prefix: Mr.	First Name: James
County: Tuolumne		Middle Name E.	
State: CA		Last Name Thomas	
Zip Code: 95310	Suffix:		
Country: Tuolumne		Email: jthomas@co.tuolumne.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000547		Phone Number (give area code) 209 533-5685	Fax Number (give area code) 209 533-5657
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-108		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Update Columbia Airport Master Plan and ALP Design vehicle access road around south end of 17-35 Design extension to taxiway C	
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 12/31/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19th b. Project 19th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 260,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 1,984.00	DATE:	
c. State	\$ 11,700.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 273,684.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name James	Middle Name E.	
Last Name Thomas		Suffix	
b. Title Airport Director		c. Telephone Number (give area code) 209 533-5685	
d. Signature of Authorized Representative 		e. Date Signed 2-25-04	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 10, 2004	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Town of Mammoth Lakes		Organizational Unit: Department: Public Works		
Organizational DUNS: 143339716		Division:		
Address: Street: Route 1, Box 209		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: William		
City: Mammoth Lakes		Middle Name B.		
County: Mono		Last Name Manning		
State: California		Suffix:		
Zip Code 93546		Email:		
Country:		Phone Number (give area code) (760) 934-3813		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0043067		Fax Number (give area code) (760) 934-3119		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) D - Township Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California DWP Land Acquisition Snow Removal Equipment - Phase 1		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Mammoth Lakes, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th b. Project 4th		
13. PROPOSED PROJECT Start Date: 2004 Ending Date: 2004		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 16, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 450,000 b. Applicant \$ 23,684 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 473,684		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix Mr. First Name William		Middle Name B.		
Last Name Manning		Suffix		
b. Title Airport Manager		c. Telephone Number (give area code) (760) 934-3813		
d. Signature of Authorized Representative		e. Date Signed 2-18-04		

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 12, 2004	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: City of Watsonville	Organizational Unit: Department: Airports
Organizational DUNS: 030414994	Division:
Address: Street: 100 Aviation Way	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Donald
City: Watsonville	Middle Name E.
County: Santa Cruz	Last Name French
State: California	Suffix:
Zip Code 95076	Email: dfrench@ci.watsonville.ca.us
Country: USA	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000451	Phone Number (give area code) (831) 728-6075	Fax Number (give area code) (831) 763-4058
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)
	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watsonville Municipal Airport, Watsonville, Santa Cruz County, California Rehabilitate Taxiway J - Phase 1 (50' x 1,400') Rehabilitate Apron - Phase 1 (30,000 sq. ft.) Relocate Access Road (60' x 1,800')
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville, California	

13. PROPOSED PROJECT Start Date: 2004	Ending Date: 2004	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17	b. Project 17
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,783,150.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 16, 2004
b. Applicant \$ 93,850.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 1,877,000.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative	
Prefix Mr.	First Name Donald
Middle Name E.	
Last Name French	
Suffix	
b. Title Airport Manager	
c. Telephone Number (give area code) (831) 728-6075	
d. Signature of Authorized Representative	
e. Date Signed Feb. 18, 04	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier R9-Tracking No. 04-105	
		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
California Air Resources Board			Department:		
Organizational DUNS: 828321871			Division: Administrative Services Division		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 1001 I Street P.O. Box 2815			Prefix: Mrs.		First Name: Valinda
City: Sacramento			Middle Name		
County:			Last Name Debbs		
State: CA		Zip Code 95812	Suffix:		
Country: USA			Email: vdebbs@arb.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">68-0288069</div>			Phone Number (give area code) (916) 322-8201		Fax Number (give area code) (916) 322-9612
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">66-606</div>			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Support the operation of ARB's PM Supersite in Fresno.		
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project Statewide		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	200,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Signature Date		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	200,000.00			

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix Mrs.	First Name Marie	Middle Name
Last Name LaVergne		Suffix
b. Title Chief, Administrative Services		c. Telephone Number (give area code) (916) 322-8198
d. Signature of Authorized Representative 		e. Date Signed February 20, 2004

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 FEB 24 2004

STATE CLEARING HOUSE

Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION Application		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
				State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES			Organizational Unit: DEPARTMENT OF HEALTH SERVICES;		
Organizational DUNS: 968257675			Division: Division of Drinking Water & Environmental Management		
Address: Street: 1616 Capitol Avenue (MS 7418) P.O. Box 997413			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
			Prefix: Mr.		First Name: Robin
City: Sacramento			Middle Name: R		
County: Sacramento			Last Name: Hook		
State: California		Zip Code: 95899-7413		Suffix: -	
Country:			Email: rhook@dhs.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone number (give area code)		Fax number (give area code)
<div style="border: 1px solid black; padding: 2px;"> 6 8 - 0 3 1 7 1 9 1 </div>			(916) 449-5624		(916) 449-5656
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types):		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.) Other specify <input type="checkbox"/> <input type="checkbox"/>			A		
			Other (specify):		
			9. NAME OF FEDERAL AGENCY:		
			ENVIRONMENTAL PROTECTION AGENCY		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
<div style="border: 1px solid black; padding: 2px;"> 6 8 - 4 6 8 </div>			DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM		
TITLE (Name of program): CAPITALIZATION GRANTS FOR DRINKING WATER STATE REVOLVING FUND			<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED FEB 23 2004 </div>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) CALIFORNIA - STATEWIDE					
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICT OF:		
Start Date:		End Date:	a. Applicant: ALL b. Project: ALL		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$81,966,200		a. Yes <input checked="" type="checkbox"/> THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER REVIEW PROCESS FOR REVIEW ON		
b. Applicant	\$16,393,240		DATE: February 23, 2004		
c. State	\$		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
d. Local	\$		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$2,000,000				
f. Program Income	\$				
g. TOTAL	\$100,359,440		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
			<input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.		First Name: Thomas		Middle Name:	
Last Name: McCaffery				Suffix:	
b. Title: Chief Deputy Director				c. Telephone number (give area code): 916-440-7400	
d. Signature of Authorized Representative				e. Date Signed	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2/20/04	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 2/23/04	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
6. APPLICANT INFORMATION				
Legal Name: University of Southern California		Organizational Unit: Department: School of Policy, Planning, and Development		
Organizational DUNS: 072933393		Division: Institute for Civic Enterprise		
Address: Street: University Campus City: Los Angeles County: Los Angeles State: CA Country: United States		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Leonard Middle Name: Last Name: Mitchell Suffix: Email: mitchell@usc.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1642394		Phone Number (give area code) (213) 740-1487 Fax Number (give area code) (213) 740-0826		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) J. Private University Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-303		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce, Economic Development Administration		
TITLE (Name of Program): Economic Development - Technical Assistance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: University Center Program for Economic Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial, Inyo, Kern, Los Angeles, Mono, Orange, Riverside, San Bernardino, San		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 32 b. Project Districts 20-52		
13. PROPOSED PROJECT Start Date: 06/01/04 Ending Date: 04/30/05		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/20/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 110,000 b. Applicant \$ 121,021 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 231,021		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix		First Name Patricia Stephens-Smith		Middle Name
Last Name		Senior Contract & Grant Administrator		Suffix
b. Title Department of Contracts and Grants		c. Telephone Number (give area code) (213) 740-7762		
d. Signature of Authorized Representative Patricia Stephens-Smith		e. Date Signed 2-20-04		

Applicant Identifier

<i>Application</i>	<i>Preapplication</i>
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

State Application Identifier

Federal Identifier

ip code)

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STATE CLEARING HOUSE

Christina Lee
(510) 627-1510

9 4 - 1 7 4 6 3 1 2

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (specify) _____

C

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Interdependent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

2 0 . 1 0 6

San Francisco Bay Area

1. Airport Security CCTV Upgrade
2. Overlay of Run-Up Pad at 29 End of Runway 11-29, South Field, OIA
3. Construction of Apron Improvements South of Hangars 1, 2, & 3, North Field, OIA
4. Reconstructon of East Apron Pavement,, South Field
5. Runway Safety Areas (RSAs)Study

Start Date April 2005	Ending Date Aug 2007
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a. Applicant
7

b. Project	
4	

a. Federal	\$	12,847,312	.00
b. Applicant	\$	3,094,259	.00
c. State	\$.
d. Local	\$		.
e. Other	\$		.
f. Program income	\$		.
g. TOTAL	\$	15,941,571	.00

b. NO ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

☐ Yes If yes, attach an explanation ☒ No

a. Typed Name of Authorized Representative
Gerald M. Serventi

b. Title
Director of Engineering

c. Telephone number
(510) 627-1268

e. Date Signed
February 20, 2004

Application for Federal Assistance		2. DATE SUBMITTED 2/12/04	A1
1. TYPE OF SUBMISSION: EMPLOYMENT OPPORTUNITIES FOR LOWER INCOME PERSONS AND BUSINESSES		3. DATE RECEIVED BY STATE	S
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY F1
5. APPLICANT INFORMATION			
Legal Name: BIMALKUMAR PATEL		Organizational Unit:	
ADDRESS (give city, county, state, and zip code) 508, GRAND AVE. APT #2C NORTH BERGEN, N.J. 07047		Name and telephone number of the person on matters involving this application (give): 	
6. Employer Identification Number		7. Type of Applicant: (enter appropriate letter)	
14-4982		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	
RECEIVED FEB 23 2004 STATE CLEARING HOUSE		H I J K L M N	
8. Type of Application:		9. Name of Federal Agency	
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration <u>Other (specify):</u>		10. Catalog of Federal Domestic Assistance Title:	
11. Descriptive Title of Applicant's Project		12. Areas Affected by Project (cities, counties, etc.)	
VERY LOW INCOME PERSONS. I NEED A HELP OPEN A SMALL BUSINESS, I NEED A GRANT FOR SMALL BUSINESS			
13. Proposed Project:		14. Congressional Districts Of:	
Start Date	Ending Date	a. Applicant	b. Project
15. Estimated Funding:		16. Is application subject to review by State?	
a. Federal	\$ 25,000	a. YES This preapplication was made as State Executive Order 12372 pre DATE	
b. Applicant	\$ 33,000	b. NO <input type="checkbox"/> Program not covered by E.O. 12 <input type="checkbox"/> or Program has been selected by	
c. State	\$ 25,000		
d. Local	\$ 25,000		
e. Other	\$ 25,000		
f. Program Income	\$	17. IS APPLICANT DELINQUENT ON ANY	
g. Total	\$ 1,33,000	<input type="checkbox"/> Yes (If Yes, attach an explanation)	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE / HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COME			

BIMALKUMAR PATEL

(Signature)

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 10, 2004	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: City of Chico		Organizational Unit: Department: Public Works	
Organizational DUNS: 08-528-7522		Division: Engineering	
Address: Street: P.O. Box 3420		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Chico		Prefix: Mr.	First Name: Robert
County: Butte		Middle Name	
State: California		Last Name: Grierson	
Zip Code: 95927	Suffix:		
Country: USA		Email: rgrierson@ci.chico.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000380		Phone Number (give area code) (530) 879-3910	Fax Number (give area code) (530) 895-4825
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Chico, Butte County and Adjacent Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico Municipal Airport, Chico, Butte County, California Runway 13L North Extension and Related Taxiways - Phase 1	
13. PROPOSED PROJECT Start Date: 2004 Ending Date: 2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,538,750.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 16, 2004	
b. Applicant	\$ 186,250.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 3,725,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Mr.	First Name: Thomas	Middle Name: J.	
Last Name: Lando		Suffix:	
b. Title: City Manager		c. Telephone Number (give area code): (530) 895-4870 4802	
d. Signature of Authorized Representative		e. Date Signed: FEB 19 2004	

Previous Edition Usable
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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Authorized pursuant to City of
Chico City Council Minute Order
No. 03-04 approved February
17, 2004

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 9, 2004	Applicant Identifier OXR 04-1
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier NPIAS 3-06-0179-23
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: County of Ventura		Organizational Unit: Department: Department of Airports	
Organizational DUNS: 129771036		Division:	
Address: Street: 555 Airport Way, Suite B		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Camarillo		Prefix: Mr.	First Name: Scott
County: Ventura		Middle Name: E.	
State: CA		Last Name: Smith	
Zip Code: 93010	Suffix:		
Country: USA		Email: scott.smith@mail.co.ventura.ca.us	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944	Phone Number (give area code) (805) 388-4200	Fax Number (give area code) (805) 388-4366
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)
--	--

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration, Western Pacific Region

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitate Airport Pavement Including Drainage, Blast Pad (design only)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County	

13. PROPOSED PROJECT Start Date: July 2004 Ending Date: August 2004	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 & 21 b. Project 21
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 250,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 27,777.00	DATE:
c. State \$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 277,777.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Mr.	First Name Scott	Middle Name E.
Last Name Smith		Suffix
b. Title Director of Airports		c. Telephone Number (give area code) (805) 388-4200
d. Signature of Authorized Representative <i>for Scott Smith</i>		e. Date Signed February 9, 2004

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application Identifier
Application Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Preapplication Non-Construction			
5. APPLICANT INFORMATION			
Legal Name		Organizational Unit	
Neighborhood Legal Services of Los Angeles County		Neighborhood Legal Services	
Address 13327 Van Nuys Boulevard Pacoima, California 91331-3099		Name and telephone number of the person to be contacted on matters involving this application Mariajimenez, Yvonne (818) 834-7531	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-2408642		7. TYPE OF APPLICANT Consortium	
8. TYPE OF APPLICATION Continuation		9. NAME OF FEDERAL AGENCY Office on Violence Against Women	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.524 CFDA CIVIL LEGAL ASSISTANCE GRANT TITLE: PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT 1. Legal Assistance for Victims Grant Program; 2. Cognizant Federal Agency; Office of Justice Programs, Violence Against Women Office. Applicant's fiscal year 07/01 through 6/30	
12. AREAS AFFECTED BY PROJECT Los Angeles County (San Fernando, Santa Clarita, San Gabriel, Antelope and Pomona Valleys); cities of Glendale, Burbank and Pasadena			
13. PROPOSED PROJECT Start Date: July 01, 2004 End Date: June 30, 2006		14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project CA24 CA25 CA26 CA27 CA28 CA31 CA41	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$450,000	This preapplication/application was made available to the state executive order 12372	
Applicant	\$0		
State	\$0		
Local	\$0		

Other	\$0	process for review on 02/17/2004
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$450,000	N
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.		

Close Window

FAX- 1(916) 323 3018 Grants Coordinator (State) Clearinghouse
2/20/04

Application for Federal Assistance			2. DATE SUBMITTED 2/19/04		#
1. TYPE OF SUBMISSION Business Development			3. DATE RECEIVED BY STATE		6
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		F1
5. APPLICANT INFORMATION					
Legal Name: Kathleen Linn ADDRESS (give city, county, state, and zip code): 61 Elmwood Ave Selden NY 11784			Organizational Unit: Name and telephone number of the person on matters involving this application (give): (631) 451-0447		
6. Employer Identification Number 09-3547920			7. Type of Applicant: (enter appropriate) <input checked="" type="radio"/> State <input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> Township <input type="radio"/> Interstate <input type="radio"/> Intermunicipal <input type="radio"/> Special District		
8. Type of Application: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. Name of Federal Agency Grants State Clearinghouse Organization OFFICE OF PLANNING & RESEARCH SACRAMENTO CA 95812-304 10. Catalog of Federal Domestic Assistance 99-006 Title: Business Development		
11. Descriptive Title of Applicant's Project Home Improvement - Buy Foreclosurers + Burned Down Homes Fix them up + Sell or Rent them			12. Areas Affected by Project (cities, coun) City		
13. Proposed Project:			14. Congressional Districts Of:		
Start Date	Ending Date	a. Applicant	b. Project		
15. Estimated Funding:			16. Is application subject to review by State		
a. Federal	\$ 25,000	No Income	a. YES This preapplication was made in accordance with State Executive Order 12372 prior to DATE		
b. Applicant	\$ 0		b. NO <input type="checkbox"/> Program not covered by E.O. 12372 <input type="checkbox"/> or Program has been selected by		
c. State	\$ 25,000				
d. Local	\$ 25,000				
e. Other	\$ 25,000				
f. Program Income	\$ 0		17. IS APPLICANT DELINQUENT ON ANY? <input type="checkbox"/> Yes (If Yes, attach an explanation)		
g. Total	\$ 25,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE / HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY Kathleen Linn					

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED Feb 23, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Hayfork Community Center Address (give city, county, State, and zip code): P.O. Box 1101 Hayfork, CA 96041-1101			Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Wendy Reiss, Coordinator (530) 628-4571		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 31-1638910			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District </div> <div style="width: 45%;"> <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input checked="" type="checkbox"/> N. Other (Specify) <u>501(c)3 non-profit</u> </div> </div>		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Remodel of Hayfork Community Center building to meet health & safety codes and facilitate better delivery of services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hayfork, Hyampom, Wildwood, Peanut, Forest Glen and all of Southern Trinity					

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: Honorable Wally Herger	
Start Date 6-1-04	Ending Date 6-30-05	a. Applicant Honorable Wally Herger	b. Project Honorable Wally Herger

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA Rural Dev.	\$ 30,000. ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant Community match	\$ 44,182 ⁰⁰		
c. State	\$ _____ ⁰⁰		
d. Local County	\$ 11,565 ⁰⁰		
e. Other CDBG, Trinity Trust, CA Endowment	\$ 436,250. ⁰⁰		
f. Program Income CDBG loan	\$ 7,700. ⁰⁰		
g. TOTAL	\$ 529,697. ⁰⁰		

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Sally L. Aldinger	b. Title Board Secretary/Treasurer	c. Telephone Number 530-628-4571
d. Signature of Authorized Representative Sally L. Aldinger		e. Date Signed February 20 2004

Application for Federal Assistance			2. DATE SUBMITTED Feb 18 2004 Wed		AI	
1. TYPE OF SUBMISSION <i>No income coming in and a need of life situation</i>			3. DATE RECEIVED BY STATE		S	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		F
5. APPLICANT INFORMATION						
Legal Name: <i>Shaana Soni Gilmore</i>			Organizational Unit:			
ADDRESS (give city, county, state, and zip code) <i>437 N. Bandini St Apt 1# San Pedro, CA 90731</i>			Name and telephone number of the person on matters involving this application (give): <i>Shaana (310) 579-8857</i>			
6. Employer Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 55-6636854 </div>			7. Type of Applicant: (enter appropriate)			
8. Type of Application: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration <u>Other (specify):</u> <i>Financial life needs</i>			9. Name of Federal Agency			
11. Descriptive Title of Applicant's Project <i>Grant of need and financial life situation for me to get back on my feet.</i>			10. Catalog of Federal Domestic Assistance <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 20 2004 STATE CLEARING HOUSE </div>			
13. Proposed Project:			12. Congressional Districts Of:			
Start Date	Ending Date	a. Applicant	b. Project			
15. Estimated Funding:			16. Is application subject to review by State?			
a. Federal	\$ 25,000.00	a. YES This preapplication was made as State Executive Order 12372 prior DATE _____				
b. Applicant	\$	b. NO <input checked="" type="checkbox"/> Program not covered by E.O. 12 _____ <input type="checkbox"/> or Program has been selected by _____				
c. State	\$ 25,000.00	17. IS APPLICANT DELINQUENT ON ANY? <input type="checkbox"/> Yes (If Yes, attach an explanation)				
d. Local	\$ 25,000.00					
e. Other	\$ 25,000.00					
f. Program Income	\$					
g. Total	\$ 100,000.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE AND HAS BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY				

Shaana Soni Gilmore 02-18-04

Application for Federal Assistance			2. DATE SUBMITTED 2-16-04	AI
1. TYPE OF SUBMISSION Personal - Home Funding			3. DATE RECEIVED BY STATE	S
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		
5. APPLICANT INFORMATION				
Legal Name: Clifford Maurice Jackson ADDRESS (give city, county, state, and zip code) 9485 S.W. Killarney Lane. Tualatin, Washington County, Oregon 97062			Organizational Unit: Name and telephone number of the person on matters involving this application (give)	
6. Employer Identification Number			7. Type of Applicant: (enter appropriate letter)	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 5 4 - 1 0 2 5 1 7 6 </div>			<input checked="" type="radio"/> A State <input type="radio"/> B County <input type="radio"/> C Municipal <input type="radio"/> D Township <input type="radio"/> E Interstate <input type="radio"/> F Intermunicipal <input type="radio"/> G Special District	
8. Type of Application:			9. Name of Federal Agency	
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration <u>Other (specify):</u>			10. Catalog of Federal Domestic Assistance <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 19 2004 STATE CLEARING HOUSE </div>	
11. Descriptive Title of Applicant's Project			12. Areas Affected by Project (cities, coun	
Pay of Credit Cards and other Bills Buy a home and make Improvements				
13. Proposed Project:			14. Congressional Districts Of:	
Start Date	Ending Date	a. Applicant	b. Project	
15. Estimated Funding:			16. Is application subject to review by Sta	
a. Federal	\$ 25,000.00		a. YES This preapplication was made as State Executive Order 12372 per DATE _____ b. NO <input type="checkbox"/> Program not covered by E.O. 12 <input type="checkbox"/> or Program has been selected by	
b. Applicant	\$ 46,000.00			
c. State	\$ 25,000.00			
d. Local	\$ 25,000.00			
e. Other	\$ 25,000.00			
f. Program Income	\$		17. IS APPLICANT DELINQUENT ON ANY <input type="checkbox"/> Yes (If Yes, attach an explanation	
g. Total	\$ 146,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE AND HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COME				

Clifford M Jackson

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 6, 2004	Applicant Identifier CMA 04-1	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier NPIAS 3-06-0339-21	
5. APPLICANT INFORMATION				
Legal Name: County of Ventura		Organizational Unit: Department: Department of Airports		
Organizational DUNS: 129771036		Division:		
Address: Street: 555 Airport Way, Suite B		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Camarillo		Prefix: Mr.	First Name: Scott	
County: Ventura		Middle Name E.		
State: CA		Last Name Smith		
Zip Code 93010	Suffix:			
Country: USA		Email: scott.smith@mail.co.ventura.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Phone Number (give area code) (805) 388-4200	Fax Number (give area code) (805) 388-4366	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airfield Drainage Infield & Ramp Rehab East & West Ramps (design only) Rehabilitation of PCC Aprons & Taxiways (phase 4) (design only)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23 & 24 b. Project 24		
13. PROPOSED PROJECT Start Date: July 2004 Ending Date: August 2004		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$ 150,000.00			
b. Applicant	\$ 16,667.00			
c. State	\$.00			
d. Local	\$.00			
e. Other	\$.00			
f. Program Income	\$.00			
g. TOTAL	\$ 166,667.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Scott	Middle Name E.		
Last Name Smith		Suffix		
b. Title Director of Airports		c. Telephone Number (give area code) (805) 388-4200		
d. Signature of Authorized Representative for Scott Smith		e. Date Signed February 6, 2004		